





Challenge TB - Ethiopia

Year 1 Quarterly Monitoring Report April – June 2015

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Cover photo:

Regional Challenge TB project introduction meeting in Southern Nations, Nationalities, and Peoples' Region (SNNPR), May 11, 2015: Eveline Klinkenberg (right), Acting Country Director and Mr Habtamu (left), Deputy Head SNNPR Regional Health bureau and Disease Prevention Health Promotion Core process owner providing opening speech during regional project introduction workshop in Hawassa town. (Credit: Eshetu Abdissa)

1. Quarterly Overview

Country	Ethiopia					
Country	Ethiopia					
Lead Partner	KNCV					
Other partners	MSH, WHO					
Work plan timeframe	October 2014 – September 2015					
Reporting period	April – June 2015					

Most significant achievements:

- Opening of two new regional Challenge TB offices in Tigray and Southern Nations and Nationalities (SNNPR), finalized recruitment of qualified technical teams for the two new offices as well as staff to support the three urban areas namely Addis Ababa, Dire Dawa and Harari regional offices.
- Regional Challenge TB project introduction meetings were conducted on May 11 and 13, 2015 in Hawassa, SNNPR region and Mekelle, Tigray region respectively. Representatives from the regional health bureau TB team, selected heads of zonal & woreda health offices, heads of selected health facilities, MDR-TB treatment site focal persons, regional and subregional laboratory heads, drug procurement and supply agency representatives and members of the Challenge TB team (KNCV, MSH & WHO) attended the meeting. The main objectives of the meetings were to introduce the Challenge TB program in these two regions, discuss major regional programmatic gaps to assist in refining the planned Challenge TB support areas and to create consensus on the way forward.
- A set of comprehensive regional performance and baseline assessment tools were developed to assess the overall TB control programmatic activities, coordination and management at the two regional health bureaus, zonal health departments, woreda health offices, health facilities, laboratory and drug supply management including MDR-TB service delivery sites and Xpert sites. By the end of June 2015, data collection was completed in Tigray region and only one zone in SNNPR was remaining. Data analysis and report writing is expected to be completed in September 2015. This assessment will guide the development of a priority implementation plan for each of the two regions by identifying major gaps for future intervention and improvement. Moreover it will be used as baseline information to measure impact over the course of the Challenge TB project.
- Challenge TB provided technical and logistics support to the Ministry of Health to conduct joint national supportive supervision from June 2 13, 2015 in selected health facilities of SNNPR (Gedeo, Gamo Gofa zones) and Addis Ababa region. The main objective was to assess program status, provide onsite technical support and utilize the assessment findings as inputs in the development of the national annual TB control plan for the year 2015/16. The assessment was done using the updated national supervision tools that were developed/adapted with support from Challenge TB WHO team.
- The operational research study entitled "Cross Sectional Study Evaluating Routine Contact Investigation in Addis Ababa, Ethiopia: A Missed Opportunity to Prevent Tuberculosis in Children" which was conducted under TB CARE I support was published in the international peer reviewed journal PLoS One on June 17, 2015; the publication was shared with NTP and other key stakeholders. Lessons learned will be further discussed in the Childhood TB Task

Force and the proposed action plan incorporated in the planning for APA2 and consecutive years.

Technical/administrative challenges and actions to overcome them:

There was no major technical challenge during Q-3 implementation as the project mainly focused on setting up the two regional offices and recruitment of staff followed by data collection for the baseline assessment. However, there was one administrative challenge during the implementation period:

1. The baseline assessment was not adequately budgeted to cover the regional assessment in the selected zones for Challenge TB support. This activity was carried out by requesting for a shift of activity funds through PMU.

2. Year 1 activity progress

Sub-objective 1. Enablin	Sub-objective 1. Enabling environment									
		Planned Milestones			Milestone status	Milestone	Remarks (reason for			
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	not meeting milestone or other key information)			
Engage prison administration in TB control (PEPFAR)	1.1.1	Assessment tools developed and first prisons assessed	Assessment report written and Orientation workshop held	Follow-up meetings organized	Communication started with NTP and established a task force to develop implementation guideline for prison & congregate setting in Ethiopia	Partially met	Different assessments were done by the NTP and partners in 2012, and evidence were cited in the NTP documents, e.g. NTP annual bulletin			
Review & enhance referral/linkage network in the two regions, focusing on all key referral linkages: Community to HC; Hospital to HC; TB to ART; patient samples; presumptive MDR cases etc. (PEPFAR)	1.4.1	Assessment tools developed	Situation assessment report written & stakeholder meetings held	Best practices defined	Situational assessment nearly completed, reports expected to be finalized in quarter 4.	Partially met	Key intervention areas will be identified for year 2 based on identified gaps			

Sub-objective 2. Compreh	Sub-objective 2. Comprehensive, high quality diagnostics										
		Planned Milestones			Milestone status	Milestone	Remarks (reason for not				
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)				
Enhance LED microscopy utilization in high volume health facilities in the two regions (PEPFAR)	2.1.1	Order for microscopes placed; integrated assessment tool developed	Situation assessment/ improvement plan written and approved by RHB	Microscopes installed and on site training conducted	Assessment ongoing in one remaining zone, 32 microscopes procured and in country at the moment, will be distributed by the next quarter	Partially met	Microscopes procured with TB CARE I savings, the allocated Challenge TB budget will be re-planned.				

Decentralize EQA in the two regions	2.2.1	Integrated lab assessment tool developed	Situation assessment report written and Stakeholder meetings held	Decentralizati on plan developed	Situation assessment nearly completed, report and action plan to be developed in Q4.	Partially met	Stakeholders meeting & decentralization plan will be developed next quarter
Improve utilization of Xpert technology in the two regions (PEPFAR)	2.4.1	Integrated lab assessment tool developed	Situation assessment/ of Xpert utilization and C/dst capacity and Improvement plan written	Workshop held	Situation assessment nearly completed, report and action plan to be developed in Q4	Partially met	Based on the findings of the assessment improvement plan will be developed
Enhance coverage of specimen transport system to underserved clinics in the two regions	2.6.1	Integrated lab assessment tool developed	Situation assessment/ improvement plan written and Improvement plan implemented	Improvement plan evaluated	Situation assessment nearly completed, report and action plan to be developed in Q4	Partially met	

		Planned Milestones			Milestone status	Milestone	Remarks (reason for not
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)
Finalize childhood TB	3.1.1	Draft	Roadmap	Roadmap	Roadmap finalized and endorsed by	Met	National launching
roadmap		roadmap	and updated	and	NTP		workshop planned by the
		completed	SOPs	updated			end of July 2015.
		and	endorsed by	SOPs (2000			NB. Updating childhood TB
		Consultative	TWG	copies)			SOPs is part of activity 4.1.1
I		meeting		printed and			
I		held		distributed			

Adapt the existing CTBC	3.1.2	Desk review	Best	Consultation	Task force established and ToR	Not met	The NTP established a
strategy for		completed	practices	meeting	developed		community TB Task Force
the specific context		'	assessed,	held			which is guiding the
(Agrarian, Urban,			stakeholders				strategic development from
pastoralist) and address			meeting held				FMOH side. Challenge TB is
the							represented in this Task
implementation gaps							Force. The FMOH has
implementation gaps							chosen to adopt and
							implement the ENGAGE-TB
							strategy as a large scale
							pilot in Ethiopia. Therefore
							the originally planned TA
							and desk review might
							need to refocus on
							developing the urban
							strategy to be most useful.
							The ENGAGE TB
							implementation will be
							carried out in 250 Woreda's
							in the agrarian regions
							while in addition there is a
							mobile van approached
							planned for the pastoralist
							regions with GF incentive
							funding. The new
							development delayed
							implementation during
							APA1 as plans first had to
							be clear. Due to competing
							priorities the planned
							external TA by Netty Kamp
							can only be planned for Q1
							of APA2
Enhance linkage between	3.2.1		Situation	Best	Report of regional assessment on TIC &	Partially met	TA planned to support the
TIC & TFC &			assessment	practices	TFC referral linkage will be ready soon.	,	activities of CoE at St Peter
community care in the two			report	identified	and the second s		and ALERT hospitals
regions and with ALERT			written;	and			planned for next quarter
and ST Peter's as National			Needs &	aligned			practice for the equation
MDR-XDR-TB CoE (PEPFAR)			feasibility	angrica			
MON ADIL TO COL (I LITAN)		I	icasionity	L		L	

Ensure adequate patient support package in the two regions and at COE (PEPFAR)	3.2.2		assessment for CoE conducted Focus Group Discussions held	Data review conducted	Baseline assessment is ongoing, which also will provide inside of the status of the patient support package	Partially met	The baseline assessment results are being awaited to most efficiently plan to FGD discussions. This is planned to be done in APA2 by contracted experts in the field.
Establish and strengthen regional TB technical support teams including PMDT clinical teams in the two regions (PEPFAR)	3.2.3	Positions described and announced, WHO regional staff assigned	Assessments conducted. Supportive supervision, mentorship and capacity building agreed and full staff complement contracted. Implementati on strategy developed and key priority interventions defined	Supportive Supervision, mentorship and capacity building started. Priority intervention started	Regional technical assistance for the two regions established by opening new offices with qualified staffs, finalizing the baseline assessment to define key intervention areas by next quarter	Partially met	
Improve quality of TB services (PEPFAR)	3.2.4	Quality assessment tool and SOPs developed	Test the Qual-TB tool and SOPs for its use in routine supervision	Use final printed tool during joint supportive supervision /mentorship visits	Service quality to be defined and tool to be developed/ adapted	Not met	After finalizing the regional baseline assessment, a tool will be developed in next quarter based on gaps & relevant reference materials reviewed

Sub-objective 4. Targeted	screening	for active TB					
		Pla	anned Milestone	es	Milestone status	Milestone	Remarks (reason for not
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)
Improve Contact Investigations (CI) according to 2011 national guidelines in the two regions and urban settings (PLHIV/children) (PEPFAR)	4.1.1	SOPs and tools adapted and aligned	SOPs and tools finalized, printed and distributed	Yield of CI monitored and evaluated	Please note that CI, SOP and manuals for PLHIV's were in place since 2008. Materials will only be updated for children contact under 5 years.	Not met	Competing priorities for NTP & task force
Provide IPT for <5 household contacts of bacteriologically confirmed index patients in the two regions (PEPFAR)	4.1.2		IPT provided to eligible children	IPT provided to eligible children	Operational research conducted with TB CARE I support, the generated evidence will be used to guide key intervention area to start IPT implementation in children ≤ 5 years.	Partially met	The policy guidance on IPT for children ≤5yrs contacts of PTB index case is already in place (TB, TB/HIV guideline 2013), the implementation has not started yet, pending the results of operations research.
Develop ACF strategy and guide (PEPFAR)	4.2.1	Risk group tool exercise completed	Risk groups prioritized and stakeholders meeting held	ACF strategy and guide developed and endorsed	Under discussion with NTP on adapting the draft risk group prioritization tool	Not met	The planned activity was several times discussed with NTP but due to competing priorities from their side the Risk group exercise could not be completed. This is scheduled to be done in August. The outcome will be discussed with NTP after which the strategic direction for ACF can be developed.
Start implementation of integrated childhood TB management (PEPFAR)	4.2.2	10 sites selected	Refresher training and implementati on and	Lessons learned; TB services integrated	Draft concept note on the planned integrated childhood TB care at the IMNCI clinics in 10 pilot sites developed. National training material for child TB	Partially met	This activity will follow the national launch of the Childhood TB roadmap scheduled for 30& 31 st July.

	follow up	in	will be developed/adapted in Q 4	Once the roadmap is
	supportive	MCH/child		formally launched the Task
	supervision	health		Force will work on
	of relevant	clinics		development of training
	clinic staff			material as well as SOPs
				and job aids.

		Planned Milestones			Milestone status	Milestone	Remarks (reason for not
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)
Monitor TBIC implementation in the two regions. Provide comprehensive TB-IC package support and ensure best practices and support the use of UVGI in TICs of the two regions as well as ALERT and St Peter's hospitals as MDR/XDR-TB Centers of Excellence	5.1.2		External TA visit conducted, UVGI installed at ALERT and St Peter's Hospital	Local TA for maintenance contracted	TA support planned for first half of September by Max Meis who will be joined by Ed Nardell and Paul Jensen next quarter	Not met	Not met due as the planned TA could only be scheduled for September (Q4)
Sensitize the two regions to monitor and accurately report on TB disease among HCW	5.2.1		Data on TB among HCW reviewed and where needed sensitization meetings conducted	HCW with TB (all forms) reported	This is included in the regional situational assessment that will be finalized in Q4	Partially met	Issues related with occupational risk are politically sensitive and will be handled accordingly

Sub-objective 6. Manager	Sub-objective 6. Management of latent TB infection										
		Pla	anned Mileston	es	Milestone status	Milestone	Remarks (reason for not meeting milestone or other key information)				
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)					
Accelerated IPT implementation for PLHIV (PEPFAR)	6.1.1		Accelerated plan endorsed by region	Monitoring in place	The National accelerated IPT plan which was already developed by the National TB control program has been endorsed by both regions	Met	In the next quarter using the baseline information, high load HF will be identified to support the improvement plan implementation in the two regions				

Sub-objective 7. Political	commitme	ent and leadersh	nip				
		Pla	anned Mileston	nes	Milestone status	Milestone	Remarks (reason for not
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)
Ongoing programmatic support by WHO to the NTP to implement their NSP (PEPFAR)	7.3.1	Revised ToR TWG national level developed; situations TWG in regions assessed	Revised ToR TWG regional level developed; supportive supervision conducted with developed tool; TWG conducted	TA plan developed and annual program review planned; TWG conducted	TOR revised for the national and regional TWGs. Supportive supervision checklist revised and joint supportive supervision conducted using the revised tool. The regular national TWG meeting conducted	Met	

Sub-objective 8. Compreh	ensive pa	•	nformed comm	•	ent Milestone status	Milestone		
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)	
Engage in coordination to support GF grant implementation (PEPFAR)	8.2.1	Opportunities and benefits assessed for role of Challenge TB in CCM	TB partners meeting held	TB partners are involved in GF grant implementati on	Discussion held with the NTP and agreed to organize this meeting in August due to other competing priorities. Preparation for the meeting is undergoing.	Partially met		

Sub-objective 9. Drug and	commod	ity management	t systems					
		Pla	anned Mileston	es	Milestone status	Milestone	Remarks (reason for not	
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Jul-Sep 2015		April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)	
Establish TB supplies tracking system at National, regional & district level using QuanTB tool.	9.1.2		orientation done of RHB and PFSA on QuanTB tool	anti-TB drugs tracking system introduced in the two regions	Assessment (described under activity 9.1.4 below) is on progress, which will provide basis for establishment of TB supplies tracking system	Not met	Planned for next quarter	
Strengthen IPLS implementation	9.1.4	IPLS implementatio n status assessed	IPLS in place in 300 HFs; updated LMIS tool availed	2 joint Supervision s Conducted in the 2 regions	Assessment is on progress and data collection is completed in HFs from 6 out of 7 assigned zones.	Partially met		
Support NTP in Forecasting & Quantification of anti-TB drugs & lab commodities	9.1.1		Workshop conducted with participants from national level and the two regions	Forecasted and Quantified list of anti-TB pharmaceutic als ready for procurement	Assessment (described under 9.1.4 and 9.1.2 above) is in progress, which will be followed by workshops	Not met	Planned for next quarter	

TB Patient Kit	9.1.3	TB PKs	TB PKs	2 joint	Assessment is on progress and data	Partially met	Data collection in the
implementation		implementatio	implemented	supervisions	collection is completed in HFs from 6		remaining one zone and
		n status	at 300 HFs	conducted	out of 7 assigned zones.		then data entry and
		assessed	and Job aid	in the 2			analysis will follow.
			availed	regions			

		Pla	anned Mileston	es	Milestone status	Milestone	Remarks (reason for not
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)	meeting milestone or other key information)
Improve data quality	10.1.1		eRR approach for TB to be designed	National consensus building meeting on eRR to improve data on TB	External TA to support the national TB ERR completed. This is the 1 st visit to assess status and outline the way forward	Partially met	Future TA is needed to complete design of ERR approach. If savings are identified a follow up mission can be scheduled for September.
Support data quality assessments in the two regions	10.1.2		Assess & plan to improve the regional status of routine DQA	Pilot rapid DQA tool as part of routine supportive supervision	Baseline information will provide input to plan in improving routine data quality	Partially met	
Support TB OR grant scheme	10.2.2	OR grant scheme call launched	OR grant scheme grantees selected	Report of OR team evaluation available	Call for proposal announced for all regional OR teams on 29 th June2015 and deadline for submission is July 20, 2015	Not met	
Support TRAC and promote conduct of OR and usage of results under TRAC	10.2.1	Annual TRAC conference supported, discussions on long-term OR strategy started	Quarterly TRAC meeting held and GIS course attended	Updated OR Roadmap including research priorities with long term OR strategy developed to be endorsed in	Regular TRAC meeting planned for July/Aug 2015. One Challenge TB M & E staff attended GIS course, knowledge sharing meetings with national / regional staff planned in Aug 2015 and developing implementation plan for year 2	Partially met	

	!	stakeholder		
		meeting		
		combined		
	,	with		
	!	scientific day,		
		GIS course to		
		share		
		knowledge		
		organized		
		locally		

		Pla	anned Mileston	ies	Milestone status	Milestone	Remarks (reason for not meeting milestone or other key information)	
Planned Key Activities for the Current Year	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015	met? (Met, partially, not met)		
Support FMOH HRD strategy through strengthening supportive supervision (PEPFAR)	11.1.1		Joint supportive supervision schedule agreed; TOT on IRT	Joint supportive supervision conducted; TOT on HMIS	Joint SS conducted	Partially met	TOT on IRT & HMIS will be conducted next quarter	

3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., Tuberculosis NFM - MoH)	(i.e., Tuberculosis NFM - Rating*		Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
ETH-607-GO6-T	B1	N/A	USD 150.2 m	USD 101.8m	

^{*} Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

FMOH has conducted an emergency sensitization meeting in the beginning of April 2015 with all regional health bureaus to liquidate GF / TB financial related activities in their respective region as soon as possible and to report to NTP before July 2015.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Challenge TB inclusion as a member of CCM to support the implementation of GF being followed up through its partner i.e. WHO and hopefully the decision of the chair of CCM will be known soon. In addition, through the baseline assessment of the two regions, information on the activities supported by GF and its implementation status will be available when completed.

4. Success Stories – Planning and Development

Planned success story title:	
Sub-objective of story:	4. Targeted screening for active TB
Intervention area of story:	4.1. Contact investigation implemented and monitored
Brief description of story idea:	Ethiopia as one of the first African countries to launch a national roadmap for childhood TB based on the global childhood TB roadmap. The implementation of the roadmap start with the piloting of integrated childhood TB services at IMNCI clinics.

Status update:

On July 30 & 31st 2015 the national roadmap will be launched. After this the tools and training materials will be developed to start implementing the pilot in 10 sites in Addis Ababa, The first results are expected in APA2.

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010		114	A national MDR-TB data validation workshop planned in
Total 2011		116	August 2015.
Total 2012	284	289	
Total 2013	558	433	
Total 2014	577	598	
Jan-Mar 2015	715	450	
Apr-Jun 2015	Not yet available	Not yet available	
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presen- tation received	Summary report received	Final report received	Additional Remarks (Optional)
1	KNCV		Christine Whalen	Support CTB country project		Complete	May6-11	1 week	Choose an item.	No	Choose an item.	International travel covered by Global Fund
2	KNCV	10.1.1	Nico Kalisvaart	eRR approach for TB to be designed		Complete	Jun15-26	2 weeks	Yes	Yes	Yes	
3	KNCV	12.1	Christine Whalen	APA2 work plan development	2-9 August	Pending			Choose an item.	Choose an item.	Choose an item.	
4	KNCV	3.2	Valentina Anisimova		2-8 August	Pending			Choose an item.	Choose an item.	Choose an item.	
5	KNCV	3.2	Agnes Gebhard		2-15 August	Pending			Choose an item.	Choose an item.	Choose an item.	
6	KNCV	5.1	Max Meis		1-5 September	Pending			Choose an item.	Choose an item.	Choose an item.	Joint mission with Ed Nardell and Paul Jensen
7	KNCV	6.1	Max Meis		6-12 September	Pending			Choose an item.	Choose an item.	Choose an item.	
8	KNCV	3.1	Christine Whalen		TBD	Pending			Choose an item.	Choose an item.	Choose an item.	
9	KNCV	3.1	Netty Kamp		APA2 Q1	Pending			Choose an item.	Choose an item.	Choose an item.	
Tota	al number (of visits co	nducted (cumula	tive for fiscal year)	= 2					-		
		•	inned in approve	•								
Perd	cent of plar	nned interr	national consulta	nt visits conducted	= 18%							